

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA

www.flsbancourts.gov

PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

Name of Debtor

TeleKing

Case Number

04-14447

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Michael Armstrong

Name and Address where notices should be sent:

Frank B. Perry
346 Old County Road
Ringsold, GA 30736

Telephone Number: 706-965-8639

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☒ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

CLERK
U.S. BANKRUPTCY CT
SD OF FLA.
MIA - OFFICE

Account or other number by which creditor identifies debtor:
(If SS# only list last 4 digits of SS#):

Check here if
this claim

☐ replaces

☐ amends

a previously filed claim, dated _____

1. Basis for Claim

☐ Goods sold

☐ Services performed

☐ Money loaned

☐ Personal injury/wrongful death

☐ Taxes

☒ Other Consumer Fraud

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)

☐ Wages, salaries, and compensation (fill out below)

Last four digits of SS #: xxx-xx-

Unpaid compensation for services performed

from _____ to _____
(date) (date)

2. Date debt was incurred:

1-1-03

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 26,756 +

(Unsecured Nonpriority)

(Secured)

(Unsecured Priority)

(Total)

Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle

☐ Other

Value of Collateral: \$ _____

Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____

6. Unsecured Nonpriority Claim \$ 26,756 +

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages. (See reverse for instructions)

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.

This Space is for Court Use Only

Date:

6-22-04

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Frank B. Perry Attorney

Frank B. Perry

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

ID Number 004620-004621-004622 -

PURCHASE ORDER**TELE KING COMMUNICATIONS CORPORATION**

(a Florida Corporation)

11900 Biscayne Boulevard, Suite 620, Miami, Florida 33181

Telephone: (305) 891-0511 Telecopier: (305) 891-0512

AIN # 2001-063

FILE 99474

Purchaser's Name

MICHAEL E. ARMSTRONG

Date

Purchaser's Address

40620 CHAPARRAL DRIVE

City

TAMECULA

State

CALIFORNIA

92592

Zip

Home Phone

Business Phone

Number of Machines to ship = 25

Number of Phone Cards to ship = \$ 20,000.00

Order will be shipped to: ABOVE

Purchase Price of "Talking" Counter Displays..... 36,083.00

Purchase Price of Prepaid Calling Cards..... NC -

Total TELE KING COMMUNICATIONS CORP..... 36,083.00

Bonus E-MAIL TELEKINGCORP1@AOL.COM..... NC -

Amount Paid..... TAXES -

Special Provisions: 3502 \$ 4100.00 DEPOSIT TO BE PAID FRIDAY MAY 29TH -

BALANCE 31,983.00

DEC 31ST 2002 -

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and agrees that this sale is subject to the Terms and Conditions attached to this Purchase Order. YOU HAVE THREE (3) BUSINESS DAYS IN WHICH YOU MAY CANCEL THIS CONTRACT FOR ANY REASON BY MAILING OR DELIVERING WRITTEN NOTICE TO THE SELLER ASSISTED MARKETING PLAN SELLER. The three (3) business days shall expire on: _____, and notice of cancellation should be mailed to Tele King Communications Corporation, 11900 Biscayne Boulevard, Suite 620, Miami, FL 33181. If you choose to mail your notice, it must be placed in the United States mail, properly addressed, with first-class postage fully prepaid, and postmarked before midnight on the above date. Within five (5) business days after receipt of all such sums, the Purchaser shall make available at his address or at the place at which they were caused to be located, all equipment, supplies, or products provided to the Purchaser pursuant to this contract. Upon demand of the Seller such equipment, supplies and products shall be made available at the time the Purchaser receives full repayment by cash, money order, or certified check. IN WITNESS WHEREOF, this Purchase Order is executed at _____ on _____

ACCEPTED AND APPROVED:

BY:

SELLER

BY:

VERIZON'S BENEFIT CENTER
100 HALF DAY RD
LINCOLNSHIRE

IL 60089



6000016368

Page 1 of 1

Return Service Requested

FIDELITY VERIZON SAVINGS CUS OF
IRA OF MICHAEL E ARMSTRONG
40620 CHAPARRAL DR
TEMECULA CA 92592-8960

026587

FOR INFORMATION CALL
VERIZON'S GTE BENEFITS CENTER
1-888-998-8777

|||||

DIRTS 401K Group FIMWED
1800-605-4015
ET -
SUBMIT -

-8127.0

PAY ON: 01/01/2003

CHECK NUMBER: 6000016368

FIDELITY VERIZON SAVINGS CUS OF
GT 026928700
327GT 01

DESCRIPTION
CASH DISTRIBUTION
NET PAYMENT AMOUNT

THIS PAY
25710.75
25710.75

ISP Human Resources
888-483-3677-K

CHAST
MARY

ISD -
HR
1-800-350-39

FIDELITY MANAGEMENT TRUST CO.
WITH ACCOUNT APPLICATION -
DIVIDEND GROWTH -

1800 FIDELITY
1800-544 5650
LOWPST
SMITHCO

SHADED AREA MUST GRADUALLY CHANGE FROM BLUE AT TOP TO GREEN AT BOTTOM

VERIZON'S BENEFIT CENTER
100 HALF DAY RD
LINCOLNSHIRE

IL 60089



60-10/2003

60000

AIC570863276

VOID AFTER 90 DAYS

Date

Net Amount

Pay Exactly

25,710.75 Dollars and 75 Cents

01/01/2003

\$25,710.75

TO THE
ORDER
OF

026587
FIDELITY VERIZON SAVINGS CUS OF
IRA OF MICHAEL E ARMSTRONG
40620 CHAPARRAL DR
TEMECULA CA 92592-8960

Wachovia Bank, N.A.

Ann J Dor


Countrywide®

 HOME LOANS, INC.
 P.O. Box 6012
 Woodland Hills, CA 91365-5012

 MICHAEL ARMSTRONG
 40620 CHAPARRAL DR
 TEMECULA, CA 92592

12201 0313

PAYMENT SUMMARY

CHECK NUMBER

0006879449

DATE:

01/03/03

BECROW DESCRIPTION

BECROW TYPE

CPC8CUSTSR

LOAN NO.

AMOUNT

MORTGAGE

REFERENCE

02163188
TOTAL2,044.58
1,044.58

MICHAEL ARMSTRONG

NUMBER OF ACCOUNTS

2

(Check Mark)